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CLAIM	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	15 - 20* =		x \$	= \$ 0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	11 - 3** =	8	x \$ 80.00 =	640.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) 37 CFR 1.16(d))			+ \$	=
				BASIC FEE (37 CFR 1.16)	710.00
				Total of above Calculations =	1,350.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.27).				
	* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.				
	TOTAL =				\$ 1,350.00

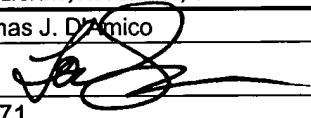
6. ☐ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 04-1073 :
- a. ☐ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.
8. ☒ A check in the amount of \$ 1,350.00 is enclosed.
9. ☐ Payment by credit card. Form PTO-2038 is attached.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of _____ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.
11. ☐ New Attorney Docket Number, if desired _____
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]
12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. ☐ Other: _____

NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

14. NEW CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		or	<input type="checkbox"/> New correspondence address below										
<table border="1"> <tr> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Address</td> </tr> <tr> <td>City</td> <td>State</td> </tr> <tr> <td>Country</td> <td>Zip Code</td> </tr> <tr> <td>Telephone</td> <td>Fax</td> </tr> </table>				Name		Address		City	State	Country	Zip Code	Telephone	Fax
Name													
Address													
City	State												
Country	Zip Code												
Telephone	Fax												

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Thomas J. Dranico
Signature	
Registration No. (Attorney/Agent)	28,371
Date	September 18, 2001